Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013 Phone: +91 226700 1313 Fax: +91 226700 1606

IRDAI Reg. No.150, CIN: U66000MH2010PLC269656



## **Proposal Form**

# Bharat Yatra Suraksha, Liberty General Insurance Limited

URN: LT018V12021

### **GUIDELINES TO FILL THE FORM**

- Please answer all the questions completely, in 'Yes' or 'No' wherever asked.
- If a particular question is not applicable to you please mark that question as not applicable "N/A".
- Please attach extra sheets wherever the space is insufficient to
  provide the additional underwriting information. Put a (

  ✓) mark
  wherever applicable.
- Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.

### GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.

### CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK

☐ I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic

Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

1. PROPOSER DETAILS
Proposer: 000000000000000000000000000000000000
Address: 00000000000000000000000000000000000
000000000000000000000000000000000000000
City City Area Color Area Color City City Color City Color City City Color City City City City City City City City
E-Mail:
Mobile: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
<b>Date of Birth:</b> $\Box\Box/\Box\Box/\Box\Box\Box\Box$ (DD/MM/YYYY) <b>Gender:</b> $\Box$ M $\Box$ F
Nationality: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Annual Income:
PAN Number:
Confirmation for Issuance of e-Insurance Policy:
E Insurance account no I would like to open E insurance account with Insurance Repository.
2 DRODOCAL DETAILS
2. PROPOSAL DETAILS
Departure Date: □□/□□/□□□□ Time: Hr □□min□□ Arrival Date: □□/□□/□□□□ Time: Hr □□min□□
Plan E - Return Date to Place of Origin/Residence Date: $\Box\Box/\Box\Box/\Box\Box\Box\Box$ Time: Hr $\Box\Box$ min $\Box\Box$

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### Plan & Cover Details:



Benefits	Range of Sum Insured per person	□ Plan-A	□ Plan-B	□ Plan-C	□ Plan-D	□ Plan-E
Mode of Travel	(Rs.)	☐ Taxi/Cab ☐ Bus	☐ Taxi/Cab ☐ Bus	Train Travel	Air Travel	☐ Taxi/Cab ☐ Bus ☐ Train ☐ Ship ☐ Air
Mandatory Benefits						
Hospitalization Expenses due to Accident	Min: Rs. 1Lakh. Max: Rs. 10 lakh Available in Multiples of: Rs. 50,000	Yes	Yes	Yes	Yes	Yes
Accidental Death/ Permanent Total Disability (PTD)/ Permanent Partial Disability (PPD)	Adults: Min: Rs. 1lakh Max: Rs. 1 crore per person.  Available in Multiples of: Rs. 50,000  For Minors: limited to 25% of Sum Insured or maximum up to Rs. 25 lakh whichever is lower	Yes	Yes	Yes	Yes	Yes
Repatriation Of Mortal Remains	Min: Rs. 20,000 Max: Rs. 1lakh Available in Multiples of: Rs. 10,000	NA	Yes	Yes	Yes	Yes

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Automatic	Available	No	No	No	No	Yes
trip						
extension						
Optional Benef	its	•		<u>.</u>		
_						
Compassion	Min: Rs.	No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
ate	10,000					
Allowance	Max: Rs. 1					
	Lakh					
	Available in					
	Multiples of: Rs. 10,000					
Missed	Min: Rs.	No	No	No	☐ Yes	☐ Yes
Flight	2500					
Connection	Max : Rs.					
	50000					
	Available in Multiples of: Rs.					
	2,500					
Loss Of	Min: Rs.	No	No	No	☐ Yes	☐ Yes
Checked-in	2000					
Baggage	Max : Rs.					
(applicable	20000					
only for air	Available in Multiples of: Rs.					
travel)	2,000					
Trip Delay	Min: Rs.	No	No	No	☐ Yes	☐ Yes
(applicable	500					
only for air	Max: Rs.					
travel)	5000					
(beyond 3	Available in Multiples of: Rs.					
hour)	500 Since the state of the stat					
Carrier	Min: Rs.	No	No	No	☐ Yes	☐ Yes
Cancellation	2500					
(applicable	Max : Rs.					
only for air	50000					
travel)	Available in					
	Multiples of: Rs. 2,500					
Trip	Min : Rs.	No	No	No	No	☐ Yes
cancellation	20000					
&	Max : Rs.					
Interruption	100000					
anterior tron	Available in					
	Multiples of: Rs. 5,000					
			I	ı	L	L
Details to be cap	tured for trav	el by Taxi/C	ab			
Taxi/Cab Service		•		□□ Taxi/Cab R	egistration No.	: 0000000
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IRDAL Res. No.150, CIN: U66000MH2010PLC269656

Details to be cap Bus Service Prov		Bus		gistration No.: □□ Passenger 4 - □□ 1	Passenger 5 - 🗆		
Train Name:	otured for travel by ger 1-00 Passer			□□ PNR No.: □□ ssenger 4-□□□ P	l□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		
Airline Name: $\hat{\Box}$	otured for travel by ger 1-00 Passer		•	□□ PNR No.: □□ ssenger 4-□□□ P	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		
	otured for travel by		cket No.: □□□□				
Place of Origin: Place of Destina Purpose of Trave	Place of Residence: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD						
details. Place of Origin: Need	Place of Origin: The add to be entered in case yo	our Trip is commencing			for your Trip commencing		
	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V		
Name							
Relationship with proposer							
Gender							
Date of Birth							
Occupation							

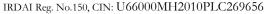
UIN: LIBTIDP22097V012122

Nominee Name

Relationship of Nominee

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	Liberty_ General Insurance To
--	-------------------------------

Nomin	nee Address						
4. N	MEDICAL HISTORY	Y AND DETAILS	S				
	al History: Please answer given below. Alternatively		•	(Y)/No (N). If the	answer is Y	es, please give deta	ails in the
Does a	ny person, proposed to be i	nsured, suffered from	/ suffering from any	disease/illness /Inju	ry	Yes□ No□	
If ansv	wer to the above question	is Yes, please elabor	rate:				
Sr.	Name of the Person	Name of the	Duration of the	Treatment	First	Name of	Whether
No.	Proposed to be Insured	Disease/illness/	disease/illness	received/ current	treated	attending	fully
		injury suffering	/ injury	medication	on	doctor/surgeon	cured?

No.	Proposed to be Insured	Disease/illness/ injury suffering from	disease/illness / injury	received/ current medication	treated on	attending doctor/surgeon with address and phone no.	fully cured?
1							
2							
3							
4							
5							
6							

5. Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others Yes□ No□ Habits Proposed Proposed Proposed Proposed Proposed Insured I Insured II Insured III Insured IV Insured V Hard Liquor/Wine/Beer (Please mention quantity per week) Smoke (Please mention quantity per day) Pan Masala/Gutka (Please mention quantity per day) Others (Please mention name & quantity per day)

Are You or any of the proposed insured(s) applied /covered under any other Domestic Travel Insurance other than Liberty General Insurance Ltd. for the same Travel journey? If Yes, Please provide the details,

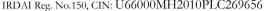
Policy No./Proposal No.	Insurer	Sum Insured	Plan
	1	L	

Additional Information about Claims or rejection of your Proposal by Us or any other Insurance Company (if any)

### 5. PAYMENT DETAILS

Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013

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RDAI Reg. No.150, CIN: U66000MH2010P	PLC269656		<b>*/</b>	
Instrument Type (Cash/Cheque/DD/Others)	Name of the premium payer	Bank Name	Cheque Date	Amount in Rs
Please make an A/C Payee Cheq	ue / DD / Pay Order in fav	our of 'Liberty General Ins	urance Limited' o	only

For NEFT Payments, please fill the Bank details mentioned below: Bank Name Branch City Account No IFSC Code Current **Account Type: Savings AML Details:** Are you or any of your relative a Politically Exposed Person? Yes/No. If yes, please provide details: Please provide Permanent Account Number (PAN) if premium amount exceeds Rs. 1 Lac \_\_\_\_\_ ☐ I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income OR ☐ I/we hereby declare that the premium is paid from the Bank Account of Mr. /Ms.\_\_\_\_\_ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee. 6. CHECKLIST OF DOCUMENTS Please check the following documents are attached along with the Proposal form

1. **ID Proof:** Passport/PAN Card/Voter's Identity Card/Driving License/National Identity Number

Telephone Bill / Electricity Bill / Bank Account Statement / Ration Card 2. Residence Proof:

3. Age Proof: Any proof of age

### **Important Note:**

The Company will have no liability until the proposal is accepted by the Company and communicated to the proposer on receipt of full premium against the proposal.

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### 7. DECLARATION:

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare that I/we consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be in insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority."

Date	Signature of Proposer
rules/regulations made thereunder for validating/authenticating my/our Aadhar d with the company	letails and updating the same in all my polices held
I/We hereby provide my/our consent in accordance with Aadhar Act. 2016	, 8

### DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

IMD name:Proposer name:IMD Code:Proposer sign:IMD Sign\*:

\*Stamp in case of Company

# DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

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I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in \_\_\_\_\_ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name: Proposer Name:
Signature: Signature/thumb impression

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

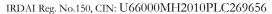
8. FOR OFFICE	USE ONLY:		
Intermediary Name	:	Intermediary Code:	
Sales Manager Nan	ne:	Sales Manager Code:	
		<u>- L</u>	
9. RECEIPT OF	ACKNOWLEDGEMENT:		
ApplicationNo:		d D m m y Y y y	Date:
_		ion and amount by Cash/Cheque/Demand	
01	tne amount of Rs	dated	_ drawn on

The Company will have no liability until the proposal is accepted by the Company and communicated so to the proposer and on receipt of full premium against the proposal.

### Please note the following:

- 1. This acknowledgment letter confirms only receipt of premium towards insurance policy. Issuance of this receipt neither confirms assumption of risk nor guarantees issuance of policy.
- 2. Assumption of risk is subject to realization of full premium amount and acceptance of risk in form of issuance of an insurance policy as per underwriting policy of the Company.

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- 3. In case premium is not realized by the company due to any reason, Company shall not be on cover and contract of insurance shall be treated as void ab-initio.
- 4. In the event of any refund of premium or claim amount being payable under the policy, the same shall be paid directly to the Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

Signature of the receiver & office Seal:

### Liberty General Insurance Limited

**Registered Office:** Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013